

## Court Diagnostic and Treatment Center Progress Note

Client Name (First, MI, Last)  
Josiah Garcia

Client Date of Birth  
08/20/2001

## Type of service delivered to the client that support the ITP

<input checked="" type="checkbox"/> MH Counseling/Psychotherapy	<input type="checkbox"/> Co-Occurring Psychotherapy	<input type="checkbox"/> Teletherapy	Manualized:	No. of Completed Sessions:
<input type="checkbox"/> SUD Counseling/Psychotherapy	<input type="checkbox"/> USPO Case Management	<input type="checkbox"/> Other:	No-Shows:	Sessions Delivered:

Present at Session  Client No Show / Cancelled

Client Present If others present, please list name(s) and relationship(s) to client.

## Observed/Reported Changes in Medical Condition and Actions Taken

None Reported  New condition  Condition returned  Condition worsened  Contacted Court  Referred to Community support  
 Referral for medical services  Contacted Family/support person   Other:

## New Issues Presented today and/or Stressors/Extraordinary Events

None Reported  Death  Medical Crisis  Arrest/Conviction  MH Hosp.  Overdose  Detox  Suicide Attempt  Job Loss  
 Fire  Homeless  Lost Transportation  Lost Childcare  Separation/Break-up  Divorce  Trauma  DV  Other:

## Significant Events or Changes in Client's Life

<input checked="" type="checkbox"/> No Significant Change from Last Visit	If Notable, Comment
Mood/Affect	<input type="checkbox"/> Notable
Thought Process/Orientation	<input type="checkbox"/> Notable
Behavior/Functioning	<input type="checkbox"/> Notable
Substance Use	<input type="checkbox"/> Notable

Danger to  None  Self  Others  Property  Ideation  Intent  Plan  Attempt  Other:

## Assessment of progress (or lack of) toward achievement of identified goals and objectives:

Goal Number(s) worked on today: 1,2 Objective Number(s) worked on today: 1a,2a

Significant  Moderate  Fair  Little  Minimally responsive  None  non-cooperative  Disruptive

Identify Delivery and Outcomes of MODALITIES / Specific INTERVENTIONS supporting ITP and Recommendations (if any) for modifications to ITP:

Anger Mgt  Motivational  Co-Occurring  Batterer's Intervention  Early Intervention AoD  Sex Off. Tx  Trauma  COG  GIR

Indv. Tx  Gp. Tx  General Mental Health  General SUD/AoD  Other modality:

CBT  Thinking Errors  Motivation Enhancement  Good Lives  Social Modelling  Relapse Prevention  Self-Regulation

Relationship Health  Relationship Violence  Masculinity Traits  Homework  Other interventions:

Write brief description of progress made, if any: Client and therapist discussion re: continued gaps in memory, family and close friends describing "talking to a different person sometimes". Therapist guided examination of qualities of his "main personality" and what other people have said regarding his "different personality". Psychoeducation re: early maladaptive schemas, concept of "splitting", as well as groundwork for integration of two different selves. Instructed client to repeat "both can be true- I can be angry with someone and still a good person" several times a day between now and next session.

Understands intervention AND Competent with intervention  Doesn't understand intervention OR  Understands but not competent yet

Other outcome:

## Changes in Frequency of services or levels of care

Same Freq. & Same LOC  Increased Freq.  Increased LOC  Decreased Freq.  Decreased LOC

## Date/Time of Next Appointment (if individual session)

 LPCC-S		01/16/25	Supervisor Signature/Credentials (if needed)		Date		
Provider Signature/Credentials		Date	Supervisor Signature/Credentials (if needed)		Date		
Co-Provider Signature/Credentials		Date	Supervisor Signature/Credentials (if needed)		Date		
Type of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time	Stop Time	Total Time	Diagnostic Code
01/16/25	ESK	Office	21	12:15pm	1:15pm	1 hour	

**Court Diagnostic and Treatment Center Progress Note**

Client Name (First, MI, Last)  
Josiah Garcia

Client Date of Birth

8/20/01

**Level of service delivered to the client that support the ITP**

<input checked="" type="checkbox"/> MH Counseling/Psychotherapy	<input type="checkbox"/> Co-Occurring Psychotherapy	<input type="checkbox"/> Teletherapy	Manualized:	No. of Completed Sessions:
<input type="checkbox"/> SUD Counseling/Psychotherapy	<input type="checkbox"/> USPO Case Management	<input type="checkbox"/> Other:	No-Shows:	Sessions Delivered:

Present at Session  Client No Show / Cancelled

Client Present If others present, please list name(s) and relationship(s) to client.

**Observed/Reported Changes in Medical Condition and Actions Taken**

None Reported  New condition  Condition returned  Condition worsened  Contacted Court  Referred to Community support  
 Referral for medical services  Contacted Family/support person   Other:

**New Issues Presented today and/or Stressors/Extraordinary Events**

None Reported  Death  Medical Crisis  Arrest/Conviction  MH Hosp.  Overdose  Detox  Suicide Attempt  Job Loss  
 Fire  Homeless  Lost Transportation  Lost Childcare  Separation/Break-up  Divorce  Trauma  DV  Other:

**Significant Events or Changes in Client's Life**

<input checked="" type="checkbox"/> No Significant Change from Last Visit		If Notable, Comment	
Mood/Affect	<input type="checkbox"/> Notable		
Thought Process/Orientation	<input type="checkbox"/> Notable		
Behavior/Functioning	<input type="checkbox"/> Notable		
Substance Use	<input type="checkbox"/> Notable		

Danger to  None  Self  Others  Property  Ideation  Intent  Plan  Attempt  Other:

**Assessment of progress (or lack of) toward achievement of identified goals and objectives:**

Goal Number(s) worked on today: 1 Objective Number(s) worked on today: 1a

Significant  Moderate  Fair  Little  Minimally responsive  None  non-cooperative  Disruptive

**Identify Delivery and Outcomes of MODALITIES / Specific INTERVENTIONS supporting ITP and Recommendations (if any) for modifications to**

Anger Mgt  Motivational  Co-Occurring  Batterer's Intervention  Early Intervention AoD  Sex Off. Tx  Trauma  COG  GIR

Indv. Tx  Gp. Tx  General Mental Health  General SUD/AoD  Other modality:

CBT  Thinking Errors  Motivation Enhancement  Good Lives  Social Modelling  Relapse Prevention  Self-Regulation

Relationship Health  Relationship Violence  Masculinity Traits  Homework  Other interventions:

Write brief description of progress made, if any: Client and therapist discussion re: grandfather passed away last week, as well as client picking up extra shifts at work. "It helps me avoid feeling or thinking about my emotions", however did report he has been setting aside small periods of time to grieve the loss of grandfather as well as his former fiancee. Moved from "angry sad to thankful sad (that I got to spend some of my life with her)". Therapist facilitate exploration and processing of emotions.

Understands intervention AND Competent with intervention  Doesn't understand intervention OR  Understands but not competent yet

Other outcome:

**Changes in Frequency of services or levels of care**

Same Freq. & Same LOC  Increased Freq.  Increased LOC  Decreased Freq.  Decreased LOC

**Date/Time of Next Appointment (if individual session)**

<i>A. Stoele UPCLS</i>		12/20/24		
Provider Signature/Credentials		Date	Supervisor Signature/Credentials (if needed)	
Co-Provider Signature/Credentials		Date	Supervisor Signature/Credentials (if needed)	
Date of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time
12/20/24	ESK	OFFICE	21	11am
				Stop Time
				Total Time
				Diagnostic Code
				1 hour

## Court Diagnostic and Treatment Center Progress Note

Client Name (First, MI, Last)  
Josiah Garcia

Client Date of Birth  
08/20/2001

### Type of service delivered to the client that support the ITP

<input checked="" type="checkbox"/> MH Counseling/Psychotherapy	<input type="checkbox"/> Co-Occurring Psychotherapy	<input type="checkbox"/> Teletherapy	Manualized:	No. of Completed Sessions:
<input type="checkbox"/> SUD Counseling/Psychotherapy	<input type="checkbox"/> USPO Case Management	<input type="checkbox"/> Other:	No-Shows:	Sessions Delivered:

Present at Session     Client No Show / Cancelled

Client Present    If others present, please list name(s) and relationship(s) to client.

### Observed/Reported Changes in Medical Condition and Actions Taken

<input checked="" type="checkbox"/> None Reported	<input type="checkbox"/> New condition	<input type="checkbox"/> Condition returned	<input type="checkbox"/> Condition worsened	<input type="checkbox"/> Contacted Court	<input type="checkbox"/> Referred to Community support
<input type="checkbox"/> Referral for medical services	<input type="checkbox"/> Contacted Family/support person	<input type="checkbox"/>	<input type="checkbox"/> Other:		

### New Issues Presented today and/or Stressors/Extraordinary Events

<input checked="" type="checkbox"/> None Reported	<input type="checkbox"/> Death	<input type="checkbox"/> Medical Crisis	<input type="checkbox"/> Arrest/Conviction	<input type="checkbox"/> MH Hosp.	<input type="checkbox"/> Overdose	<input type="checkbox"/> Detox	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Job Loss
<input type="checkbox"/> Fire	<input type="checkbox"/> Homeless	<input type="checkbox"/> Lost Transportation	<input type="checkbox"/> Lost Childcare	<input type="checkbox"/> Separation/Break-up	<input type="checkbox"/> Divorce	<input type="checkbox"/> Trauma	<input type="checkbox"/> DV	<input type="checkbox"/> Other:

### Significant Events or Changes in Client's Life

<input checked="" type="checkbox"/> No Significant Change from Last Visit		If Notable, Comment
Mood/Affect	<input type="checkbox"/> Notable	
Thought Process/Orientation	<input type="checkbox"/> Notable	
Behavior/Functioning	<input type="checkbox"/> Notable	
Substance Use	<input type="checkbox"/> Notable	

Danger to     None     Self     Others     Property     Ideation     Intent     Plan     Attempt     Other:

### Assessment of progress (or lack of) toward achievement of identified goals and objectives:

Goal Number(s) worked on today: \_\_\_\_\_ 1,2    Objective Number(s) worked on today: \_\_\_\_\_ 1a,2a

Significant     Moderate     Fair     Little     Minimally responsive     None     non-cooperative     Disruptive

Identify Delivery and Outcomes of MODALITIES / Specific INTERVENTIONS supporting ITP and Recommendations (if any) for modifications to ITP:

Anger Mgt     Motivational     Co-Occurring     Batterer's Intervention     Early Intervention AoD     Sex Off. Tx     Trauma     COG     GIR

Indv. Tx     Gp. Tx     General Mental Health     General SUD/AoD     Other modality:

CBT     Thinking Errors     Motivation Enhancement     Good Lives     Social Modelling     Relapse Prevention     Self-Regulation

Relationship Health     Relationship Violence     Masculinity Traits     Homework     Other interventions: Person centered active and reflective listening.

Write brief description of progress made, if any: Discussion re: history and severity of client's blackouts/not remembering large chunks of time. Gaps in memory have been present since childhood, and he has only recently shared this with a few close friends and his mother. Friends corroborate this somewhat, see him at times as "a different person, more edgy". Explore and process emotions surrounding this. Therapist psychoeducation re: dissociation and sharing info with friends and mom. Instructed client to call 988 or go to ER if feeling unsafe or if friends/family feel it is necessary.

Understands intervention AND Competent with intervention     Doesn't understand intervention    OR     Understands but not competent yet

Other outcome:

### Changes in Frequency of services or levels of care

Same Freq. & Same LOC     Increased Freq.     Increased LOC     Decreased Freq.     Decreased LOC

### Date/Time of Next Appointment (if individual session)

C. S. L. U.P.C.C.-S				12/3/24	Supervisor Signature/Credentials (if needed)		
Provider Signature/Credentials				Date	Supervisor Signature/Credentials (if needed)		
Co-Provider Signature/Credentials				Date	Supervisor Signature/Credentials (if needed)		
Date of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time	Stop Time	Total Time	Diagnostic Code
/3/24	ESK	Office	21	11:15am	12:15pm	1 hour	

**Court Diagnostic and Treatment Center Progress Note**

Client Name (First, MI, Last)  
Josiah Garcia

Client Date of Birth  
**08/20/2001**

**Type of service delivered to the client that support the ITP**

<input checked="" type="checkbox"/> MH Counseling/Psychotherapy	<input type="checkbox"/> Co-Occurring Psychotherapy	<input type="checkbox"/> Teletherapy	Manualized:	No. of Completed Sessions:
<input type="checkbox"/> SUD Counseling/Psychotherapy	<input type="checkbox"/> USPO Case Management	<input type="checkbox"/> Other:	No-Shows:	Sessions Delivered:

Present at Session  Client No Show / Cancelled

Client Present If others present, please list name(s) and relationship(s) to client.

**Observed/Reported Changes in Medical Condition and Actions Taken**

<input checked="" type="checkbox"/> None Reported	<input type="checkbox"/> New condition	<input type="checkbox"/> Condition returned	<input type="checkbox"/> Condition worsened	<input type="checkbox"/> Contacted Court	<input type="checkbox"/> Referred to Community support
<input type="checkbox"/> Referral for medical services	<input type="checkbox"/> Contacted Family/support person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:	

**New Issues Presented today and/or Stressors/Extraordinary Events**

<input checked="" type="checkbox"/> None Reported	<input type="checkbox"/> Death	<input type="checkbox"/> Medical Crisis	<input type="checkbox"/> Arrest/Conviction	<input type="checkbox"/> MH Hosp.	<input type="checkbox"/> Overdose	<input type="checkbox"/> Detox	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Job Loss
<input type="checkbox"/> Fire	<input type="checkbox"/> Homeless	<input type="checkbox"/> Lost Transportation	<input type="checkbox"/> Lost Childcare	<input type="checkbox"/> Separation/Break-up	<input type="checkbox"/> Divorce	<input type="checkbox"/> Trauma	<input type="checkbox"/> DV	<input type="checkbox"/> Other:

**Significant Events or Changes in Client's Life**

<input checked="" type="checkbox"/> No Significant Change from Last Visit		If Notable, Comment
Mood/Affect		<input type="checkbox"/> Notable
Thought Process/Orientation		<input type="checkbox"/> Notable
Behavior/Functioning		<input type="checkbox"/> Notable
Substance Use		<input type="checkbox"/> Notable

Danger to  None  Self  Others  Property  Ideation  Intent  Plan  Attempt  Other:

**Assessment of progress (or lack of) toward achievement of identified goals and objectives:**

Goal Number(s) worked on today: 1 Objective Number(s) worked on today: 1a

Significant  Moderate  Fair  Little  Minimally responsive  None  non-cooperative  Disruptive

Identify Delivery and Outcomes of MODALITIES / Specific INTERVENTIONS supporting ITP and Recommendations (if any) for modifications to ITP:

Anger Mgt  Motivational  Co-Occurring  Batterer's Intervention  Early Intervention AoD  Sex Off. Tx  Trauma  COG  GIR

Indv. Tx  Gp. Tx  General Mental Health  General SUD/AoD  Other modality:

CBT  Thinking Errors  Motivation Enhancement  Good Lives  Social Modelling  Relapse Prevention  Self-Regulation

Relationship Health  Relationship Violence  Masculinity Traits  Homework  Other interventions:

Write brief description of progress made, if any: **Explore and process emotions surrounding increased work responsibilities.**

Began discussion re: "feeling like a different person", having moments where client seems to blackout/not remember conversations or events with others. Will explore this more next session.

Understands intervention AND Competent with intervention  Doesn't understand intervention OR  Understands but not competent yet

Other outcome:

**Changes in Frequency of services or levels of care**

Same Freq. & Same LOC  Increased Freq.  Increased LOC  Decreased Freq.  Decreased LOC

**Date/Time of Next Appointment (if individual session)**

 <b>RPCC-S</b>		<b>11/18/24</b>	Supervisor Signature/Credentials (if needed) <b>Date</b>			
Provider Signature/Credentials		Date				
Co-Provider Signature/Credentials		Date	Supervisor Signature/Credentials (if needed) <b>Date</b>			
Date of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time	Stop Time	Total Time
<b>11/18/24</b>	<b>ESK</b>	<b>Office</b>	<b>21</b>	<b>11am</b>	<b>12pm</b>	<b>1 hour</b>
						Diagnostic Code

**Court Diagnostic and Treatment Center Progress Note**

Client Name (First, MI, Last)

Josiah Garcia

Client Date of Birth

08/20/2001

Type of service delivered to the client that support the ITP

<input checked="" type="checkbox"/> MH Counseling/Psychotherapy	<input type="checkbox"/> Co-Occurring Psychotherapy	<input type="checkbox"/> Teletherapy	Manualized:	No. of Completed Sessions:
<input type="checkbox"/> SUD Counseling/Psychotherapy	<input type="checkbox"/> USPO Case Management	<input type="checkbox"/> Other:	No-Shows:	Sessions Delivered:

Present at Session  Client No Show / Cancelled

Client Present If others present, please list name(s) and relationship(s) to client.

**Observed/Reported Changes in Medical Condition and Actions Taken**

None Reported  New condition  Condition returned  Condition worsened  Contacted Court  Referred to Community support  
 Referral for medical services  Contacted Family/support person   Other:

**New Issues Presented today and/or Stressors/Extraordinary Events**

None Reported  Death  Medical Crisis  Arrest/Conviction  MH Hosp.  Overdose  Detox  Suicide Attempt  Job Loss  
 Fire  Homeless  Lost Transportation  Lost Childcare  Separation/Break-up  Divorce  Trauma  DV  Other:

**Significant Events or Changes in Client's Life**

<input checked="" type="checkbox"/> No Significant Change from Last Visit	If Notable, Comment
Mood/Affect <input type="checkbox"/> Notable	
Thought Process/Orientation <input type="checkbox"/> Notable	
Behavior/Functioning <input type="checkbox"/> Notable	
Substance Use <input type="checkbox"/> Notable	

Danger to  None  Self  Others  Property  Ideation  Intent  Plan  Attempt  Other:

**Assessment of progress (or lack of) toward achievement of identified goals and objectives:**

Goal Number(s) worked on today: ITP Objective Number(s) worked on today: ITP

Significant  Moderate  Fair  Little  Minimally responsive  None  non-cooperative  Disruptive

Identify Delivery and Outcomes of MODALITIES / Specific INTERVENTIONS supporting ITP and Recommendations (if any) for modifications to:

Anger Mgt  Motivational  Co-Occurring  Batterer's Intervention  Early Intervention AoD  Sex Off. Tx  Trauma  COG  GIR

Indv. Tx  Gp. Tx  General Mental Health  General SUD/AoD  Other modality:

CBT  Thinking Errors  Motivation Enhancement  Good Lives  Social Modelling  Relapse Prevention  Self-Regulation

Relationship Health  Relationship Violence  Masculinity Traits  Homework  Other interventions:

**Write brief description of progress made, if any: Formulate ITP goals and objectives for care.**

Understands intervention AND Competent with intervention  Doesn't understand intervention OR  Understands but not competent yet

Other outcome:

**Changes in Frequency of services or levels of care**

Same Freq. & Same LOC  Increased Freq.  Increased LOC  Decreased Freq.  Decreased LOC

Date/Time of Next Appointment (if individual session)

 11/8/24			Provider Signature/Credentials	Date	Supervisor Signature/Credentials (if needed)			Date
Co-Provider Signature/Credentials			Date	Supervisor Signature/Credentials (if needed)			Date	
Date of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time	Stop Time	Total Time	Diagnostic Code	
11/8/24	ESK	Office	21	10am	11am	1 hr		

## Court Diagnostic & Treatment Center

### Individual Service Note

<b>Client Name:</b>	Josiah Garcia	<b>Client ID:</b>	1173	<b>Status:</b>	Show
<b>Clinician Name:</b>	Erin Karl	<b>Service:</b>	Tx Individual		
<b>Date Of Service:</b>	02/04/2025	<b>Start Time:</b>	10:00 AM	<b>End Time:</b>	11:00 AM
<b>Team:</b>	60 Minutes				
<b>Location:</b>	Toledo - Outpatient Mental Health				
	<b>Specific Location:</b>				

#### Billing Diagnosis

- 1- F32.1 Major depressive disorder, Single episode, Moderate
- 2- F41.1 Generalized anxiety disorder

#### Information

Current Life Events    No Life Events found

#### Tracks/EBPs Utilized During

- Batterer's Intervention
- CBT
- Co-Occurring
- COG
- DBT
- Early Intervention AoD
- EMDR
- General Mental Health
- General SUD/AoD
- GIR
- Motivational Interviewing
- Sex Offender Tx.
- Trauma

#### Objectives Addressed by this Service

- Goal 2.00 To feel less anxious.
  - Objective #2.01 will develop and use at least two skills and strategies to help manage thoughts that cause anxiety      Moderate Improvement
- Goal 3.00 To feel less depressed.
  - Objective #3.01 will identify three activities that increase a sense of inner peace and comfort and try one
  - Objective #3.02 will develop and use at least two skills and strategies to help manage sad feelings.

Mood/Affect  Unremarkable  Remarkable

Thought Process/Orientation  Unremarkable  Remarkable

Behavior/Functioning  Unremarkable  Remarkable

Medical Condition  Unremarkable  Remarkable

Substance Abuse  Unremarkable  Remarkable

Self Harm  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Comments

Harm to Others  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Comments

Harm to Property  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Comments

## Safety Plan

Safety / Crisis Plan

The Safety Plan was Reviewed

With the Client  Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

## Intervention/Progress

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development)?

Client reports that he has continued to experience "splitting", and has been looking more into integration and parts work as suggested. [Ref ID: 820-w100081](#) has [Document 1574](#) [Printed 03/21/25](#) [Page 7 of 11](#) PageID #: 944

Describe the interventions provided

Reflective and active listening. Psychoeducation re: parts work and integrating "bad" parts of self with "main" and "acceptable" self. Reaffirming, unconditional acceptance statements to self can help with this.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Client was receptive, struck emotionally and intellectually to the affirming and unconditional acceptance self-statements. Cleint stated "No one has ever said "I accept you as you are" to me. It's a new concept".

Document the plan. If there were barriers describe the plan to overcome the barriers

Revisit this and begin parts work.

**Clinician:** Erin Karl, LPCC-S

**Signature Date:** 02/13/2025

## Court Diagnostic & Treatment Center

### Individual Service Note

**Client Name:** Josiah Garcia      **Client ID:** 1173      **Status:** Show  
**Clinician Name:** Erin Karl      **Service:** Tx Individual  
**Date Of Service:** 02/20/2025      **Start Time:** 12:00 PM      **End Time:** 1:00 PM      **Duration:** 60 Minutes  
**Team:** Toledo - Outpatient Mental Health  
**Location:** Federal Outpatient      **Specific Location:**

#### Billing Diagnosis

- 1- F32.1 Major depressive disorder, Single episode, Moderate
- 2- F41.1 Generalized anxiety disorder

#### Information

Current Life Events    No Life Events found

#### Tracks/EBPs Utilized During

- Batterer's Intervention
- CBT
- Co-Occurring
- COG
- DBT
- Early Intervention AoD
- EMDR
- General Mental Health
- General SUD/AoD
- GIR
- Motivational Interviewing
- Sex Offender Tx.
- Trauma

#### Objectives Addressed by this Service

- Goal 2.00 To feel less anxious.
  - Objective #2.01 will develop and use at least two skills and strategies to help manage thoughts that cause anxiety      Moderate Improvement
- Goal 3.00 To feel less depressed.
  - Objective #3.01 will identify three activities that increase a sense of inner peace and comfort and try one
  - Objective #3.02 will develop and use at least two skills and strategies to help manage sad feelings.

Client reports experiencing less "blackout" moments and is, overall, more "at peace with myself".

### Client's Current Condition

Mood/Affect       Unremarkable     Remarkable

Thought Process/Orientation     Unremarkable     Remarkable

Behavior/Functioning       Unremarkable     Remarkable

Medical Condition       Unremarkable     Remarkable

Substance Abuse       Unremarkable     Remarkable

Self Harm     None Reported     Please Specify

Ideation     Intent     Attempt     Means     Plan

Other

I informed

Comments

Harm to Others     None Reported     Please Specify

Ideation     Intent     Attempt     Means     Plan

Other

I informed

Comments

Harm to Property     None Reported     Please Specify

Ideation     Intent     Attempt     Means     Plan

Other

I informed

Comments

### Safety Plan

Safety / Crisis Plan

The Safety Plan was Reviewed

With the Client     Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

### Intervention/Progress

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development)?

Client presented noticeably calmer in speech and motor activity. Reports getting injured at work, which "weirdly enough, has slowed my whole life down...in kind of a good way".

Describe the interventions provided

Reflective and active listening, probing questions to determine what has been the catalyst for the decrease in anxiety, blackout moments. Encouragement to keep up on self-reflection and self-acceptance daily.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Client very engaged and cooperative. Affirmed he will continue to reflect and accept self.

Document the plan. If there were barriers describe the plan to overcome the barriers

Check back in next session with level of self-acceptance.

**Clinician:** Erin Karl, LPCC-S

**Signature Date:** 02/26/2025